

3136

FILE OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	Maricopa	BUREAU OF VITAL STATISTICS	State Index - - No. 220
District		ORIGINAL CERTIFICATE OF DEATH	County Registered No. 7408
Town			Local Registrar's No. 8238
Or City	Phoenix		
No. 316 East Polk Street			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME Chauncy Paul Wymore,			
PERSONAL AND STATISTICAL PARTICULARS			
SEX	Color or Race	SINGLE	
male	*White Indian	*MARRIED	
	Black Chinese	WIDOWED	
	Mexican	or DIVORCED	
DATE OF BIRTH	July 4th. 1884		
AGE	35 yrs. mos. days If less than 1 day hrs., or min.		
OCCUPATION			
(a) Trade, profession or particular kind of work pattern maker			
(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) unknown			
PARENTS	NAME OF FATHER James Wymore		
	BIRTHPLACE OF FATHER (State or country) Kentucky		
	MAIDEN NAME OF MOTHER Unknown		
	BIRTHPLACE OF MOTHER (State or country)		
The Above is True to the Best of My Knowledge			
(Informant)			
(Address)			
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL	
Connersville, Ind.		11-1-19	
UNDERTAKER		ADDRESS	
J. T. Whitney, City,			
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH			
October 31st. 1919			
(Month) (Day) (Year)			
I hereby certify that I attended deceased from			
19 to 19; that I last saw h. alive on 19, and that death occurred on the date stated above at 1A M. The DISEASE or INJURY causing death was as follows:			
Pulmonary Tuberculosis			
(Duration) yrs. mos. days			
Was disease contracted in Arizona?			
If not, where?			
CONTRIBUTORY			
(Duration) yrs. mos. days			
(Signed) [Signature] M.D.			
19 (Address)			
*In death from violent causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.			
LENGTH OF RESIDENCE			
At place of death yrs. mos. 23s. In Ariz. yrs. mos. 2lds.			
Former or Usual Residence Indiana			
Filed 11-3-19 [Signature]			
Local Registrar.			
Filed [Signature]			
County Registrar.			